

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

United States Courts
Southern District of Texas
FILED

UNITED STATES DISTRICT COURT

DEC 19 2019

for the

David J. Bradley, Clerk of Court

Southern District of Texas

Corpus Christi Division

Case No. _____

(to be filled in by the Clerk's Office)

Sandra A. Fabela

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

1. Corpus Christi Independent School District

2. Dr. Roland Hernandez

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Sandra A. Fabela</u>
Street Address	<u>802 Barry Street</u>
City and County	<u>Corpus Christi, Nueces</u>
State and Zip Code	<u>Texas, 78411</u>
Telephone Number	<u>361-944-5134</u>
E-mail Address	<u>Safabela@hotmail.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Corpus Christi Independent School District
Job or Title <i>(if known)</i>	
Street Address	801 Leopard Street
City and County	Corpus Christi, Nueces
State and Zip Code	Texas, 78401
Telephone Number	361-695-7200
E-mail Address <i>(if known)</i>	ccisd.us

Defendant No. 2

Name	Dr. Roland Hernandez
Job or Title <i>(if known)</i>	Superintendent
Street Address	801 Leopard Street
City and County	Corpus Christi, Nueces
State and Zip Code	Texas, 78401
Telephone Number	361-695-7200
E-mail Address <i>(if known)</i>	Roland.Hernandez@ccisd.us

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	CCISD Gibson Elementary
Street Address	5723 Hampshire Road
City and County	Corpus Christi, Nueces
State and Zip Code	Texas, 78408
Telephone Number	361-878-2500

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☒ Other federal law *(specify the federal law)*:

Title 18, U.S.C., Section 241 Conspiracy Against Rights

- ☒ Relevant state law *(specify, if known)*:

Texas Penal Code 39.03 Official Oppression (chapter 39 Abuse of Office)

- ☒ Relevant city or county law *(specify, if known)*:

Whistleblower Protection Act of 1989; Texas Penal code 32 Criminal Fraud and Hostile Work Environment

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: Official Oppression/Abuse of Office/Position of Authority

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

11-17-2017; 12-2017; 2-2018; 3-5-2018; 3-23-2018; 3-26-2018; 3-30-2018; 6-2018; 8-24-2018; 8-25-2018; 10-2-2018; 10-12-2018; 11-9-2018; 12-12-2018; 5-2019; 8-2019; 8-29-2019; 10-2019; 10/11-2019

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race Anglo coworker treated better
- ☐ color _____
- ☒ gender/sex Male coworker did not suffer the same consequences in the same situation
- ☐ religion _____
- ☐ national origin _____
- ☒ age *(year of birth)* 1962 *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
Morbid obesity

E. The facts of my case are as follows. Attach additional pages if needed.

1. My name is Sandra Fabela. I am currently a special education teacher for Corpus Christi Independent School District at Gibson Elementary. I am currently being retaliated against and subjected to unlawful discrimination by Principal Julissa Segovia and other individuals at her direction, and believe that I am being discriminated against for my disability in violation of the Americans with Disabilities Act, and for my age (over 40) in violation of the ADEA, being female and for my race (hispanic) in violation of Title VII of the Civil Rights Act of 1964.

2. Ms. Segovia along with her supervisor, Angie Ramirez and a complicit Superintendent, Dr. Roland Hernandez have launched a campaign to ruin my reputation and have me fired simply because I don't fit their "mold".

3. Since 2015, there have been incidents of discrimination which finally escalated on November 17, 2017 when I was unjustly placed on Administrative Leave based on gossip-no evidence and no statements. This was done in an effort to thwart consequences befalling my principal; after a student (A) provoked another student (B) in my classroom, resulting in B scratching A. Even though I had a witness in the room, I was accused of child abuse and scratching the child myself. At the recommendation of J. Segovia, CCISD planned to terminate me. Segovia wrote memos that contained fabrications designed to not only damage my reputation but also to destroy my career. There was never a real investigation; only an officer from CCISD that interviewed people. This was done very biased and without proper due process; in that they did not bother to interview my witnessess. The officer lied on the reports and misrepresented the dates. (I have a witness) Of course I reported this fraud and egregious injustice to my Teacher Union officials at American Federation of Teachers (AFT) of which I am an Executive Board member. Because their claims had no merit, they placed me back at work. In an act of vindictiveness and retaliation (because their plan to have me terminated did not materialize), they gave me a "job in jeopardy" letter. The Human Resource Director admitted in writing that that is why I was given this letter which proves retaliation. This letter was full of more false allegations and accusations designed to further sully my otherwise untarnished employee record (I have been an employee with CCISD for almost ten years with no "write up's or complaints of job performance.) This letter contained serious allegations that are defaming and damaging to my reputation and career as a teacher. Upon returning to work, Segovia unjustly gave me a written reprimand for something inconsequential, again more retaliation because her plan to have me terminated did not materialize. She was determined to begin a "paper trail". Segovia colluded with a paraprofessional (who happens to be my exstepfather's mistress, now wife) to obtain a false statement against me. These two people along with the Human Resource Director (Donna Adams), Angie Ramirez, Director of Elementary School principals, Superintendent, and Officer Ramos all conspired to have me fired. They wrote false allegations against me, which can be proven. I was falsely accused of child abuse and treated accordingly. They manufactured facts and obtained false statements against me months "after the fact" (my being placed on administrative leave and banned from all campuses and coworkers) Then they scrambled to get statements.

5. Sex Discrimination: The same student that scratched a student in my class also scratched another student in the Coach's PE class; yet this male coworker was not accused of child abuse or placed on administrative leave pending an investigation.

4. The Superintendent is negligent in that he allows his staff to violate Board Policies and does not seek the truth or allow for due process under the law.

5. I have been placed unjustly on medical leave even though I had a work status of no restrictions and was unjustly ordered by the Human Resource Director to obtain another (at my expense) work status medical paper. (9/2018)

6. In 2019, I was again forced on medical leave (again, at my expense) when I injured my foot even though I had a Drs. Release to come to work; CCISD failed to recognize and/or provide for a reasonable accommodation for me according to my Drs. orders even for a short period of time.

7. In 8/2019 I was overlooked for a promotion due to my age of being over 40 and my disability of being morbidly obese. This promotion went to a younger coworker with less education, less experience

Page 6a

8. They ignored Board Policies: "Job in Jeopardy" letter should have been given by certified mail — it was not

9. I filed a total of 4 grievances, 2 were ignored, and 2 were rejected

10. Human Resources lost my transcripts, thereby compromising my Social Security Number; I had to resubmit them; which at the time was inconvenient. Human Resources was negligent; this should not have happened.

11. My W-2 for 2017 was not given to me by January 31, 2018; which is required by law. I received it in March 2018.

12. Angie Ramirez, Director of Elementary Principals, violated my confidentiality and conspired with others to write a disparaging report about me, further damaging my reputation. This report lacked merit and only served as further retaliation for me having reported to the proper authorities (whistle blower) about their egregious employment practices, discrimination and hostile work environment.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

9-4-2018; 1-2-2019; 9-17-2019

- B. The Equal Employment Opportunity Commission *(check one)*:

☐ has not issued a Notice of Right to Sue letter.

☒ issued a Notice of Right to Sue letter, which I received on *(date)* 10/1/2019.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☒ 60 days or more have elapsed.

☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I will try; but how do you put a price tag on disappointing special education students?

1. letter of apology
2. Total expungement of employee file
3. All legal fees paid thus far (\$4,000) and in the future
4. Pain and suffering (\$100,000)
5. Punitive damages for violating the law and constitutional rights (\$100,000)
6. Positive letter of reference
7. Payment of personal time spent to deal with this matter (\$50,000)

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

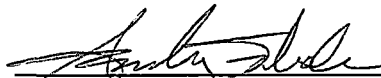
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 12-19-19

Signature of Plaintiff

Printed Name of Plaintiff


Sandra A. Fabela

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Sandra A. Fabela**
802 Barry St., Apt. #901
Corpus Christi, TX 78411

From: **San Antonio Field Office**
5410 Fredericksburg Rd
Suite 200
San Antonio, TX 78229



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

36B-2018-00107

Hector Colon-Padro,
Investigator

(210) 281-7644

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Pamela D. J...
 For **Travis G. Hicks,**
 Director

9-25-2019

(Date Mailed)

Enclosures(s)

cc: **Brian S. Nelson**
CCISD Office of Legal Services
P. O. Box 110
Corpus Christi, TX 78403-0110

Robert Heil, III
HEIL LAW FIRM
5262 S. Staples #300
Corpus Christi, TX 78411

EEOC Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Sandra A. Fabela**
802 Barry St., #901
Corpus Christi, TX 78411

From: **San Antonio Field Office**
5410 Fredericksburg Rd
Suite 200
San Antonio, TX 78229

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

36B-2019-00024

Hector Colon-Padro,
Investigator

(210) 281-7644

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Pamela D. Jangle
 For **Travis G. Hicks,**
 Director

9-25-2019

(Date Mailed)

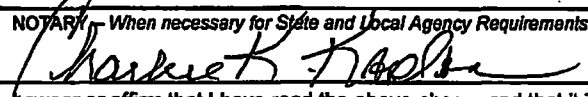


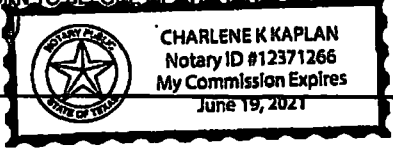
Enclosures(s)

cc:

Monica Salinas
Legal Specialist
CCISD Office of Legal Services
P. O. Box 110
Corpus Christi, TX 78403

Robert Heil
HEIL LAW FIRM
5262 S. Staples #30011
Corpus Christi, TX 78411

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 36B-A18-0107 36B-2018-00107 </div> </div>	
City of Corpus Christi Human Relations Commission and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Ms. Sandra A. Fabela		Home Phone (Incl. Area Code) (361) 944-5134	
Date of Birth 1962			
Street Address City, State and ZIP Code 802 Barry St., Apt. #901, Corpus Christi, TX 78411			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CORPUS CHRISTI ISD		No. Employees, Members Phone No. (Include Area Code) 500 or More (361) 695-7200	
Street Address City, State and ZIP Code 801 Leopard, Corpus Christi, TX 78401			
Name		No. Employees, Members Phone No. (Include Area Code)	
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 11-17-2017 09-04-2018 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I have been employed with CCISD since 2010, and my current position is Adaptive Education Teacher. I have a disability and am a Hispanic female 55-year-old. In or about November 2017, I was accused of child neglect and abuse of students in my assigned class. I was suspended on November 17, 2017, pending investigation. The investigation contained false and misleading accusations. I did not receive adequate "due process" during the investigation. The investigating officer neglected to interview my witnesses, falsified statements, falsified dates, and made derogatory, discriminatory comments about my physical appearance/abilities. On or about March 5, 2018, I was reinstated, but was given a job in jeopardy letter/status. No other teacher has been suspended and given a job in jeopardy letter/status under similar circumstances. I was subsequently written up again on March 23, 2018 for failure to follow procedure when a child was scratched. I am treated less favorably than other non-disabled, younger, non-Hispanic and/or male teachers. I am subjected to different terms and/or conditions of employment. For example, I had to physically submit lesson plans, being given used equipment when others get new equipment, being called in on my own time after the school year for my evaluation when others were evaluated during the school year, having my student's lunch time changed, setting me up to have disruptive student because they are hungry. I was passed over for a small promotion in August of 2018, even though I have the most experience and have been at Gibson the longest among the Special Education Teachers. I was also denied a reasonable accommodation for my disability. I have also experience retaliation because the Principal of Gibson Elementary was not able to			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements  I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 9/4/18	
Date Sep 04, 2018  Charging Party Signature			

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To:

Agency(ies) Charge No(s):

☒ FEPA
☒ EEOC

36B-A18-0107

36B-2018-00107

City of Corpus Christi Human Relations Commission

and EEOC

State or local Agency, if any

terminate my contract.

Based upon the information given herein, I believe I have been discriminated against based upon my perceived, record of or actual disability in violation of the Americans with Disabilities Act of 1990, as amended, my Age (55) in violation of the Age Discrimination in Employment Act of 1967, and my National Origin (Hispanic), Sex (Female), and Retaliation in violation of Title VII of the Civil Rights Act of 1964, as amended and City of Corpus Christi Code of Ordinances – Chapter 24 Human Relations, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Sep 04, 2018

Date



Charging Party Signature

NOTARY When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)

9/4/18



CHARLENE K KAPLAN
Notary ID #12371266
My Commission Expires
June 19, 2021

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input checked="" type="checkbox"/> FEPA 36B-A19-0024 <input checked="" type="checkbox"/> EEOC 36B-2019-00024	
City of Corpus Christi Human Relations Commission and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr., Ms., Mrs.) Ms. Sandra A. Fabela		Home Phone (Incl. Area Code) (361) 944-5134	Date of Birth 1962
Street Address City, State and ZIP Code 802 Barry St., #901, Corpus Christi, TX 78411			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name CORPUS CHRISTI ISD		No. Employees, Members More than 500	Phone No. (Include Area Code) (361) 695-7200
Street Address City, State and ZIP Code 801 Leopard St., Corpus Christi, TX 78401			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> RACE</div> <div><input type="checkbox"/> COLOR</div> <div><input type="checkbox"/> SEX</div> <div><input type="checkbox"/> RELIGION</div> <div><input type="checkbox"/> NATIONAL ORIGIN</div> <div><input checked="" type="checkbox"/> RETALIATION</div> <div><input type="checkbox"/> AGE</div> <div><input type="checkbox"/> DISABILITY</div> <div><input type="checkbox"/> GENETIC INFORMATION</div> <div><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 09-04-2018 01-02-2019 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>On September 4, 2018, I filed an EEOC Charge alleging discrimination. On November 9, 2018, I received a report from the Senior Director of Certified and Professional Personnel, detailing the company's investigation into complaints on the same issues I had made to the District. I believe the investigation and resulting report are a continuation of discrimination and further retaliation because of my EEOC complaint. I believe the investigation was conducted in a manner to only address job performance allegations. The investigation inappropriately disclosed my EEOC complaint to employees who had no knowledge of my job performance and was designed to discredit me instead of investigate evidence of discrimination. This report, and the insufficient investigation, was created in retaliation for the EEOC complaint that I filed and is further evidence of harassment. The demeanor of employees who were once friendly towards me has changed. It is my belief that those individuals who were interviewed for the investigation could directly or indirectly affect any promotional opportunities for me.</p> <p>Based upon the information given herein, I believe I have been discriminated against based upon Retaliation for filing an EEOC complaint in violation of Title VII of the Civil Rights Act of 1964, as amended and City of Corpus Christi Code of Ordinances – Chapter 24 Human Relations, as amended.</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the above is true and correct.		SIGNATURE OF COMPLAINANT 	
Jan 02, 2019 Date		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 1/2/19 CHARLENE K KAPLAN Notary ID #12371266 My Commission Expires June 19, 2021	
Charging Party Signature			

JS 44 (Rev. 09/19)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS <u>Sandra A. Fabela</u> (b) County of Residence of First Listed Plaintiff <u>Nueces</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small> (c) Attorneys (Firm Name, Address, and Telephone Number)	DEFENDANTS <u>C. C. J. S. D.</u> <u>Dr. Roland Hernandez Superintendent, CCISD</u> County of Residence of First Listed Defendant <u>Nueces</u> <small>(IN U.S. PLAINTIFF CASES ONLY)</small> NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED. Attorneys (If Known)
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II. BASIS OF JURISDICTION <small>(Place an "X" in One Box Only)</small> <input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 3 Federal Question <small>(U.S. Government Not a Party)</small> <input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity <small>(Indicate Citizenship of Parties in Item III)</small>	III. CITIZENSHIP OF PRINCIPAL PARTIES <small>(Place an "X" in One Box for Plaintiff and One Box for Defendant)</small> <small>(For Diversity Cases Only)</small> <table style="width: 100%;"> <tr> <th></th> <th>PTF</th> <th>DEF</th> <th></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input checked="" type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input checked="" type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table>		PTF	DEF		PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
	PTF	DEF		PTF	DEF																				
Citizen of This State	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4																				
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5																				
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6																				

IV. NATURE OF SUIT <small>(Place an "X" in One Box Only)</small>			Click here for: Nature of Suit Code Descriptions.			
CONTRACT <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans <small>(Excludes Veterans)</small> <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	TORTS <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice </td> <td style="vertical-align: top;"> PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability </td> </tr> </table>	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	FORFEITURE/PENALTY <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	BANKRUPTCY <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	OTHER STATUTES <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability					
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement				

V. ORIGIN <small>(Place an "X" in One Box Only)</small>							
<input checked="" type="checkbox"/> 1 Original Proceeding	<input type="checkbox"/> 2 Removed from State Court	<input type="checkbox"/> 3 Remanded from Appellate Court	<input type="checkbox"/> 4 Reinstated or Reopened	<input type="checkbox"/> 5 Transferred from Another District <small>(specify)</small>	<input type="checkbox"/> 6 Multidistrict Litigation - Transfer	<input type="checkbox"/> 8 Multidistrict Litigation - Direct File	

VI. CAUSE OF ACTION	Cite the U.S. Civil Statute under which you are filing <small>(Do not cite jurisdictional statutes unless diversity):</small> <u>Title III of the Civil Rights Act of 1964</u> Brief description of cause: <u>discrimination based on disability, race, age & sex; retaliation</u>
VII. REQUESTED IN COMPLAINT:	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ <u>260,000</u> CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VIII. RELATED CASE(S) IF ANY <small>(See instructions):</small> <u>N/A</u>	DOCKET NUMBER _____
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DATE <u>12-19-19</u>	SIGNATURE OF ATTORNEY OF RECORD <u>Sandra A. Fabela (pro se)</u>
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FOR OFFICE USE ONLY

RECEIPT # _____	AMOUNT _____	APPLYING IFP _____	JUDGE _____	MAG. JUDGE _____
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